

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/568526	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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22		/		/		
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24		/		/		
25		/		/		
26		/		/		
27	8			/		
28	8			/		
29				/		
30	8			/		
31	0			/		
32	1			/		
33	1			/		
34	1			/		
35	1			/		
36	1			/		
37	1			/		
38	0			/		
39	8			/		
40	0			/		
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	32	←	39	←		←
TOTAL CLAIMS	40		40			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						